

# INFORMATION REPORT CONFIDENTIAL

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COUNTRY Korea

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SUBJECT North Korean Military Medical Facilities

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25X1

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THIS IS UNEVALUATED INFORMATION

1. The primary function of the North Korean Military Medical Service is operation of medical services for the health and sanitary needs of North Korean military personnel. The following specific tasks are included:
  - a. Health services: Examination of military food to see that the established quantities and qualities of foods are provided for military personnel and whether the food was prepared in a sanitary manner, and regular medical examinations for all military personnel, provision of adequate facilities for bathing and barber services, and inspection to see that clothing is properly disinfected.
  - b. Medical care: General treatment for disease and injury and the dispatch of soldiers to rehabilitation centers in accordance with health examination results.
  - c. Immunization: Inoculations of all military personnel.
2. The Medical Corps (Kun Ui Ch'o), which is directly controlled by the Ministry of National Health, has three departments: First, for registration and assignment of the staff to various organizations; Second, for inspection and examination of medical facilities; and Third, for medical supply. Under the National Health Ministry are also the Central Medical Examination Center, and the Rehabilitation and Recuperation Center.
3. Each army division has its own medical department, with a staff of three, a surgeon-general, a non-commissioned officer statistical clerk, and a clerk. Each division has also its division general hospital or medical battalion, with a staff of eighty to ninety, of whom twelve are physicians and two pharmacists. Departmental subdivisions of the division general hospital include internal medicine, surgery, dentistry, X-ray, and an epidemic prevention corps.
4. Each regiment has its own medical center or medical company, with a staff of 48, including four physicians and one pharmacist. This unit treats only slightly

CONFIDENTIAL

25X1

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This document is hereby regraded to CONFIDENTIAL in accordance with the letter of 16 October 1978 from the Director of Central Intelligence to the Archivist of the United States.

Next Review Date: 2008

25X1

CENTRAL INTELLIGENCE AGENCY

25X1

CONFIDENTIAL

wounded personnel and transfers to the divisional general hospital and personnel requiring more than fourteen days' treatment. Each battalion has three medical platoons, staffed by one physician, two non-commissioned officers, and five medical corpsmen. Company medical platoons in each battalion number nine, three to a company; each platoon consists of one non-commissioned medical officer and four corpsmen.

5. The eight division general hospitals are in the following cities: Hamhung (127-32, 39-54), Hoeryong (129-45, 42-25), Nanam (129-41, 41-42), Wonsu (127-26, 39-46), Sariwon (125-44, 38-30), Sinuiju (124-24, 40-06), Chinnampo (12-24, 38-44), and Pyongyang. Divisional hospitals are equipped with operating rooms, four or five microscopes for simple blood and other examinations, and some with X-ray laboratories. They have no physiological or pathological laboratories. Regimental medical centers usually have one microscope and are equipped only for light treatments. Medical platoons have very simple facilities and are equipped primarily to treat emergency cases, and medical detachments are limited to light surgical treatment.
6. Medical personnel include doctors of internal medicine, surgeons, X-ray technicians, pharmacists, and ambulance drivers. The president of the divisional hospital and the chief of each section is a medical school graduate; other employees have passed the North Korean medical examinations. No tests or experiments are made by the medical department, since the number of personnel is inadequate even to care for wounded soldiers.
7. In war time, medical detachments are about half a kilometer (about a quarter of a mile) behind the front lines, and medical platoons are a like distance farther from the front. Regimental medical centers are usually five to six kilometers (half to three-quarters of a mile) behind the front and division medical centers eight to ten kilometers (five to six miles) back of the lines. Field hospitals move within fifteen to twenty kilometers (ten to twelve miles) of the lines. Rear area hospitals are in Hamhung, Pyongyang, and Sakchu (125-02, 40-21). There are a few rehabilitation centers in North Korea for convalescents.
8. From the front lines, the wounded are evacuated on foot if the wound is slight or by stretchers, horse carts, and cars. Wounded are taken first to medical detachments, thence to medical platoons, then to regimental medical centers, and finally to the division hospital. Seriously wounded men must be removed within six hours of the time they are injured, but it requires twelve to fifteen hours to take the wounded to divisional general hospitals when proper form is observed. Transport was also slowed down during the fighting in South Korea because it was permitted to move only at night in order to avoid air raids. When a soldier has recovered he is returned to his own unit.
9. Field hospitals have been receiving patients from the three divisional medical centers. These field institutions are usually in civilian houses and are without special equipment except for elementary surgical requirements. Field hospitals have no laboratories and surgeons are the only medical personnel assigned. Medical officers do not serve with the troops.
10. Soldiers carry no health records but a statement of blood type and vaccination dates for typhus, typhoid, and cholera. Each man has a first aid kit containing two Soviet-made bandages and about ten yards of gauze. North Korean soldiers were inoculated against typhoid and cholera just before they crossed the Nakdong River, on 25 and 26 August.

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CENTRAL INTELLIGENCE AGENCY

25X1

11. When a recruit enters the army, he is required to bathe and have his hair cut and he receives clean clothing. He is then placed in an isolation company for fifteen days. After that, if he has no infectious disease, he is sent to the unit to which he has been assigned. Any soldier who is absent from his unit for any reason also undergoes a fifteen-day quarantine period upon his return before resuming active duty. When an infectious disease occurs in a unit, the patient is immediately isolated. These regulations are strictly observed.
12. In rear areas military medical personnel receive training in physiology and first aid, and some corpsmen are trained. In addition to their medical work, they also learn map reading, estimation of distances, and techniques for carrying the wounded, and for giving such inoculations as typhus, typhoid, and cholera. Military medical installations are responsible for the health condition of their own staffs.
13. First aid training consists of instruction in the use of bandages, handling broken bones with splints, artificial respiration, and some knowledge of gas treatment. Gas masks were not provided but theoretical instruction in using them was part of the training, as well as directions for escaping from a gassed area and some gas precautionary measures. Medical personnel were given no instruction in chemical or bacteriological warfare, although courses in bacteriology directed toward manufacture of vaccines are offered in the medical department of KIM Il-sŏng University in Pyongyang.
14. Medical training for army personnel includes the following:
  - a. Water purification by boiling and by chemicals. Each soldier is supposed to carry his own tablets to purify drinking water, but supplies were so short that it was impossible to provide adequate amounts of tablets. Regimental medical centers had some purifying agents, but these were never actually used.
  - b. Field sanitation: This includes selecting camp sites which are not damp, placing latrines more than six yards from the barracks, seeing that kitchens are neither too high nor too low, and utilization of stream water from the highest point for drinking, the next for cleaning grains and vegetables, the next for cleaning mess kits, and next for washing persons and clothing, and the lowest point for animals to drink and for cleaning vehicles.
  - c. Immunization: In addition to studies in the nature of infectious disease, this includes inoculation, removal of diseased patients to special areas, control of traffic in infected areas, and disinfection. Attention is directed particularly to control of typhoid, cholera, typhus, plague, diphtheria, anthrax, recurrent fever, dysentery, smallpox, scarlet fever, cerebrospinal meningitis, and meningitis.
15. In order to avoid insect-borne diseases, the army uses DDT sprays and fly-killing sprays. It prohibits work before dawn and after sunset, and guards who must be out during those hours are given protective caps. When meningitis was prevalent in the Hamhung area from July to September 1949, the army ordered a two-kilometer square area of grass to be cut around each military installation or camp.
16. Epidemiology survey and control teams are assigned to divisional medical battalions. Each team, consisting of one physician, two interns, and several medical corpsmen, carries on investigation and registers statistics of epidemic diseases.

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